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26257

7590

07/29/2004

RODEY, DICKASON, SLOAN, AKIN & ROBB, PA  
 P.O. BOX 1888  
 ALBUQUERQUE, NM 87103

09/08/2004 RMEBRAH1 00000154 181754 09915809

01 FC:2501

02 FC:8001

9.00 DA

665.00 OP

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<u>Dinah Hooke</u>	(Depositor's name)
<u>Dinah Hooke</u>	(Signature)
<u>9/3/2004</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/915,809	07/26/2001	David C. Chou	11088-39607	7489

TITLE OF INVENTION: COMPACT INTEGRATED SELF CONTAINED SURVEILLANCE UNIT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	10/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
JARRETT, RYAN A	2125	700-090000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 DeWitt M. Morgan

2 \_\_\_\_\_

3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

United International Engineering, Inc. Albuquerque, New Mexico

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 3

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 181754 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

DeWitt M. Morgan

(Date)

DeWitt M. Morgan 9/3/04

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